

*Certification of
Applicant's Experience and Qualifications*

This section is to be completed by the applicant and submitted to previous and/or current employer/supervisor(s) for certification of experience and qualifications. A separate form will need to be completed by each individual that is certifying applicants experience.

<u>Applicant Name</u>	<u>Social Security Number</u>
<u>Street Address</u>	<u>Telephone Number</u>
<u>City</u> <u>State</u>	<u>Zip</u>

The individual listed above has applied to take the landscape architects licensing examination. A minimum of two years of work experience is required to be eligible for the examination (1,500 hours on the job is considered equivalent to one year of experience).

Certification of the applicant's experience is requested. All statements on this form shall be made by a qualified and responsible person who was once or is currently the applicant's employer or supervisor. The certifying person must have had direct supervision of the applicant and hold a valid license to practice landscape architecture, architecture or engineering. The certifying person must also have knowledge of the applicant's qualifications to become a licensed landscape architect.

The following information must be completed and signed by the person who is certifying the applicant's experience.

1. Check the box(es) that identifies your business relationship to the applicant:

- ☐ Employer ☐ Landscape Architect ☐ Architect ☐ Engineer
☐ Other, specify relationship and explain how you are able to assess the applicant's knowledge _____

2. Check the box(es) that identifies the capacity in which the applicant worked:

- ☐ Draftsperson ☐ Planning ☐ Contractor ☐ Other _____
☐ Designer ☐ Supervising Employee

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3. List specific tasks performed in landscape architecture by the applicant of which you have specific knowledge. The listed tasks must be related to items one and two:

4. The applicant was employed by _____ and worked for said
Print or type name of employer
employer as described in items 2 and 3 above from _____ to _____.
Month/Year Month/Year

Additional Remarks:

By completing this form, the qualified and responsible person certifies the applicant's experience.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Executed on _____, at _____, _____
Date City or County State

Signature of Certifier License # Profession State

Print Name of Certifier: _____

Street Address City State Zip Code Telephone Number

Once completed, please return this form to the applicant for inclusion in his/her application package.

Notice to applicants:

All items must be complete for certification to be valid. Section 5650 of the Business and Professions Code authorizes the maintenance of this information.

When filed with an application, this certificate becomes the property of the:

**Landscape Architects Technical Committee
400 R Street, Suite 4000
Sacramento, CA 95814
(916) 445-4954**